



Wanted – Invited – Needed for the Region 4 Behavioral Health Board

Enthusiastic, engaged community members with a desire to help create local change and improve behavioral health in the communities of **Region 4** (Valley, Elmore, Boise, and Ada Counties) **representing Community and Schools are invited to apply and participate on the Region 4 Behavioral Health Board.**

Position responsibilities:

You will be representing the Community and Schools: You must have experience in order to apply and represent this critical demographic on the Regional Behavioral Health Board.

Prepare for and attend meetings as scheduled: Preparation may include reading and reflecting on pre-meeting documents in preparation for fruitful meeting discussion. Meetings are held monthly, the second Thursday of each month from 11am-1:00pm. Estimated monthly time commitment is 3-6 hours (excludes travel time to meeting location).

Active participation in Board meetings includes, but is not limited to: Providing thoughtful contributions to Board discussions and decisions; assisting with making informed decisions to improve behavioral health in all of Region 4; talking with your community (work, social, residential) about behavioral health topics and potential action plans (the Region 4 Behavioral Health Board strives to have representation and feedback from all counties and stakeholders, from individuals with lived experience to elected officials in Region 4); participating on Board committees or working groups as your passion dictates; committing to helping carryout the work of the Board through your networks, work affiliation, community groups and other contacts; and being willing to develop your skills to help the Board better develop its skills.

Terms of appointment: July to June, four year terms.

Misc: Plans include utilizing conference call and other technology to minimize costs (time and travel) when possible. Reimbursement for limited travel expenses will be explored as resources permit.

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Region 4 Behavioral Health Board

Application / Nomination form

Applicant/Nominee NAME: _____

HOME Phone: _____ CELL Phone: _____

WORK Phone: _____ Preferred EMAIL: _____

Preferred MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Is this address WORK? ☐ HOME? ☐

Occupation/usual daily activity: _____

COUNTIES in Region 4 in which you reside or work (check all that apply): Ada ☐ Boise ☐ Elmore ☐ Valley ☐

Is this Application/Nomination at the request of a Community Organization, Board or Council? YES ☐ NO ☐

IF YES, Please list:

Organization Name, Contact Name, Daytime Phone Number and Email Address for Nominating Group: _____

Is your area of passion/concern/expertise: Mental Health ☐ Substance Use Disorders ☐ Both ☐

Do you have lived experience (personal or close family member)? YES ☐ NO ☐ Prefer not to answer ☐

Please check any of the boxes below that describe your background (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Parent of Child with Mental Health disorder | <input type="checkbox"/> County Commissioner or designee |
| <input type="checkbox"/> Parent of Child with Substance Use Disorder | <input type="checkbox"/> Treatment Service Provider – Mental Health |
| <input type="checkbox"/> Adult Client of Mental Health Services (in wellness) | <input type="checkbox"/> Treatment Service Provider – SUDS |
| <input type="checkbox"/> Adult Client of SUDS Treatment Services (in recovery) | <input type="checkbox"/> Juvenile Justice System Employee |
| <input type="checkbox"/> Family Member of Person with MH Diagnosis | <input type="checkbox"/> Adult Correction System Employee |
| <input type="checkbox"/> Family Member of Person with SUDS Diagnosis | <input type="checkbox"/> Law Enforcement, Agency: _____ |
| <input type="checkbox"/> Advocate for Mental Health | <input type="checkbox"/> Region 4 DHW BH Staff |
| <input type="checkbox"/> Advocate for SUDS Prevention, Treatment, Recovery | <input type="checkbox"/> Hospital Representative |
| <input type="checkbox"/> Education Representative: School/Grades: _____ | <input type="checkbox"/> 4 th District Judiciary |
| <input type="checkbox"/> Licensed Physician or Health Professional: _____ | |

ARE YOU:

Able to attend monthly meetings? YES ☐ NO ☐

Willing to participant in board working groups or subcommittees?

YES ☐ NO ☐ YES, even if I am not appointed to the Behavioral Health Board ☐

Please indicate areas of interest:

- | | |
|--|--|
| <input type="checkbox"/> Youth (SUDS/Children's Mental Health) | <input type="checkbox"/> Family Support Services |
| <input type="checkbox"/> Treatment Service Providers | <input type="checkbox"/> Recovery Wellness Oriented Services |
| <input type="checkbox"/> Recovery Activities/Center | <input type="checkbox"/> Community Education |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Employment | |
| <input type="checkbox"/> Other: _____ | |

The Board needs members with different skill sets and talents. Please check any of the boxes below that describe your expertise, work experience or personal gifts/interests (check all that apply)

- ☐ Community Organizer – someone who rallies the troops
- ☐ Business Savvy
- ☐ Planning
- ☐ Marketing
- ☐ Fund Raising
- ☐ Worker Bee – a behind the scenes “get it done” person
- ☐ Evaluation
- ☐ Local Government
- ☐ Other items not listed, but are skills or talents you can share: _____

- ☐ Communications
- ☐ Social Media: Facebook, Twitter, etc.
- ☐ Grant Writing
- ☐ Training
- ☐ Public Speaking
- ☐ Facilitation Skills
- ☐ Research
- ☐ Health Care

Please comment on any knowledge or experience you have in fields of mental health and/or substance use disorders. Why are you interested in serving on the Region 4 Behavioral Health Board?

Please list any previous experience you have with boards, councils or other organizations, include any offices or work groups/committees to which you have contributed your talent?

Please list the contact name, phone number and email address for someone who can tell us more about your participation in an organization with a service mission (church, school, community, work – all areas of your life experience):

Please add any additional information you want us know about your interest in the Behavioral Health Board.

Based on your current obligations, are there specific conflicts that would make attending regional Behavioral Health Board meetings difficult given the current schedule of the 2nd Thursday of the month from 11am-1pm? (Note that call-in information is typically available for Board members who cannot attend in person).

Please indicate your schedule restrictions: _____

APPLICANT SIGNATURE

DATE

Please return this completed form by email or mail to:

Tami Cirerol at tcirerol@cdh.idaho.gov
Central District Health
707 N Armstrong Place, Boise, ID 83704